

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT/TA

CLAIMS

	AS FILED		AFTER 1. AMENDMENT		AFTER 2. AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	3					
TOTAL DEP.	39					
TOTAL	42					

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TOTAL IND.						
TOTAL DEP.						
TOTAL	42					

BEST AVAILABLE.